

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERKS OFFICE

2018 JAN 17 AM 10: 09
File with: City or Town Clerk or Election Commission 12.31.2010 BURN, MA 01801 Fill in Reporting Period dates: Beginning Date: 10.21.2017 **Ending Date:** Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election x year-end report dissolution Richard M. Haggerty Haggerty For Woburn Candidate Full Name (if applicable) Committee Name Alderman at Large Meghan Needham Office Sought and District Name of Committee Treasurer 32 Leonard Street, Woburn, MA 01801 32 Leonard Street, Woburn, MA 01801 Residential Address Committee Mailing Address info@haggertyforwoburn.com info@haggertyforwoburn.com Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: **Line 1:** Ending Balance from previous report \$17,647.85 Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) \$17,647.85 Line 4: Total expenditures this period (page 5, line 14) 844.00 Line 5: Ending Balance (line 3 minus line 4) 16,803.85 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) \$1,500.00 Line 8: Name of bank(s) used: Northern Bank and Trust Company Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Please include your committee name and a pa		Occupation & Employer	
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)	
			(33 SOLIVE EXCESS OF \$200 OF MOTE)	
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THE RESERVE OF THE PROPERTY OF				
no Or Total Dassi	1			
	pts over \$50 (or listed above)	0.00		
ne 10: Total Rece	ipts \$50 and under* (not listed above)	0.00		
io 10. Total Rece	the 420 and under (not listed above)	0.00		
			4	
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(r	Amount	(101 CONTINUITORS OF \$200 OF MOFE)
		The same of the sa	
773.77			
Line 9: Total Receip	ots over \$50 (or listed above)	Control of the Contro	
Line 10: Total Recei	pts \$50 and under* (not listed above)		
		0.00	
ine 11: TOTAL RECEIPTS IN THE PERIOD  0.00  If you have itemized receipts of \$50 and under include them in line 9. Line 10 should be a second of the second			- Fuge 1, mie 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/27/17	Jamie's Joy	4 Bennett Street, Woburn, MA 01801	donation	50.00	
11/13/17	Woburn Public Libary Foundation	7 Winn St, Woburn, MA 01801	donation	50.00	
11/16/17	Socila Capital Inc	165 New Boston St, Woburn, MA 01801	donation	100.00	
11/20/17	Daily Times Chronicle	1 Arrow Drive, Woburn, MA 01801	advertising	484.00	
11/29/17	Woburn Travel Basketball	10 Common St, Woburn, MA 01801	donation	100.00	
12/1/17	Daily Times Chronicle	1 Arrow Drive, Woburn, MA 0180	advertising	60.00	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	844.00	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	844.00	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
	(u.p.u.serieur nsting)	Address	1 urpose of Expenditure	Amount
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				THE STREET STREET
				3777
1		Line 12: Evponditures aver \$50	(on listed above)	
	-	Line 12: Expenditures over \$50	L	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	844.00
f you have itemi:	zed expenditures of \$50 and under	include them in line 12. Line 12 ch	ould include only those expenditures	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	650 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Richard M. Haggerty		Amount
	32 Leonard Street Woburn, MA 0 1801	500.00
Richard M. Haggerty	32 Leonard Street Woburn, MA 0 1801	1000.00